## PATENT APPLICATION THE DETERMINATION RECORD

Effective December 8, 2004

| Application o | r Docket Number |
|---------------|-----------------|
| 10538         | TIL             |

|                          |  |   |   |   |                  |                               |            | 110538714                            |                        |                |  |  |  |
|--------------------------|--|---|---|---|------------------|-------------------------------|------------|--------------------------------------|------------------------|----------------|--|--|--|
|                          |  | CLAIMS  | AS FILED - PART I (Column 1) (Column 2) |   |                  |                               |            | SMALL ENTITY                         |                        | OR             | OTHER THAN SMALL ENTITY                    |  |  |
| U.S                      | . NATIONAL                                     | STAGE FEES  | (66)                                    | min 1)                                      | 1                | olumn 2)                      | 7          | RATE                                 | FEE                    | ٦.             | RATE                                       | FEE  |  |
| BASIC FEE .              |  |   | SMALL E                                 | NT. = \$ 150                                | LARGE            | ENT. = \$ 300                 | 1          | BASIC-FEE.                           |                        | OR             | <b>——</b>                                  | 700  |  |
| EXÁMINATION FEE          |  |   |   | Article 33(1)-                              |                  | er situations = 00 / \$ 200 . | 1          | EXAM. FEE                            |                        | ┨‴             | EXAM. FEE                                  | 13/1   |  |
| SEARCH FEE               |  |   | . ALL other                             | \$ 50 / \$ 100<br>countries =<br>/ \$ 400   | All othe         | er situations = 50 / \$ 500   | 1          | SEARCH FEE                           |                        | 1              | SEARCH FEE                                 | 47   |  |
| FEE FOR EXTRA SPEC. PGS. |  |   | , m                                     | inus 100 =                                  |                  | / 50 =                        | 1          | X \$ 125 =                           |                        |                | X \$ 250 =                                 | 100  |  |
| 701                      | AL CHARGEA                                     | BLE CLAIMS  | 11 1                                    | ninus 20 =                                  | ÷                |                               |            | X \$ 25 =                            |                        | OR             | X \$ 50 =                                  | <del> </del>                                     |  |
| IND                      | EPENDENT CL                                    | AIMS  | 1.4                                     | minus 3 =                                   | •                | 1                             | 1          | X \$ 100 =                           |                        | OR             | X \$ 200 =                                 | 20   |  |
| MUL                      | TIPLE DEPEN                                    | DENT CLAIM PF   | RESENT                                  |   |                  |                               | 1          | + \$ 180 =                           | •                      | OR             | + \$ 360 =                                 | 200  |  |
| • If                     | the difference                                 | in column 1 is  | less than ze                            | ro, enter "0                                | in colu          | mn 2                          |            | TOTAL                                |                        | OR             | TOTAL                                      | <del>                                     </del> |  |
| AMENDMENT A              | EE-H<br>GIO/05<br>Total<br>Independent         | CLAIMS AS (Column 1) CLAIMS REMAINING AFTER AMENDMENT | Minus<br>Minus                          | (Columnia Highi<br>NUME<br>PREVIO<br>PAID I | est BER USLY FOR | (Column 3) PRESENT EXTRA      |            | SMALL E  RATE  X \$ 25 =  X \$ 100 = | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR | OTHER SMALL E  RATE  X \$ 50 =  X \$ 200 = |  |  |
|                          | FIRST PRES                                     | ENTATION OF N   | AULTIPLE DE                             | PENDENT C                                   | LAIM             |                               |            | + \$ 180 =                           |                        | OR             | + \$ 360 =                                 | 11   |  |
| -                        |  |   |   | •   |                  |                               |            | TOTAL'ADDIT.<br>FEE                  |                        | OR             | TOTAL ADDIT.<br>FEE                        | W  |  |
| :                        |  | (Column 1)  |   | (Colum                                      | n 2)             | (Column 3)                    |            | . •                                  |                        | ٠              |  |  |  |
| ENT B                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT             | ·                                       | HIGHE<br>NUMB<br>PREVIOU<br>PAID F          | ST<br>ER<br>JSLY | PRESENT<br>EXTRA              |            | RATE                                 | ADDI-<br>TIONAL<br>FEE |                | RATE                                       | ADDI-<br>TIONAL<br>FEE                           |  |
|                          | Total  | •   | Minus                                   | **  | =                | •                             |            | X \$ 25 =                            | ·                      | OR             | X \$ 50 =                                  |  |  |
| AMENDIA                  | Independent                                    | •   | Minus                                   | ***   |                  |                               |            | X \$ 100 =                           |                        | OR             | X \$ 200 =                                 |  |  |
| -                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |   |                  |                               | + \$.180 = |                                      | OR                     | + \$ 360 =     |  |  |  |
| i                        |  |   |   |   |                  |                               |            |                                      |                        | - 4            |  |  |  |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

and if the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3"."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.